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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on	Chafawn		
pi	your government-issued picture identification (for	First name	First name	
	example, your driver's	Shaw-dae		
lic	license or passport).	Middle name	Middle name	
	Bring your picture	Sims		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	Chafaun Shaw-dae Sims		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9489		

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Debtor 1 Chafawn Shaw-dae Sims

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)
	doing business as names		
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		1625 Gelhot Drive Apartment #52 Fairfield, OH 45014	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Butler	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Chafawn Shaw-dae Sims Page 3 07 66

Case number (if known)

Par	Tell the Court About	our Ban	kruptcy Ca	ase		
7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Required by</i> age 1 and check the appropria	v 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.
	choosing to file under	■ Char	oter 7			
		☐ Chap	oter 11			
		☐ Chap	oter 12			
		☐ Chap	oter 13			
8.	How you will pay the fee	ab or	out how yo	ou may pay. Typic attorney is submi	ally, if you are paying the fee y	ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with
					Iments. If you choose this opti Official Form 103A).	ion, sign and attach the Application for Individuals to Pay
			•		· ·	on only if you are filing for Chapter 7. By law, a judge may,
		bu ap	it is not requiplies to yo	uired to, waive yo ur family size and	ur fee, and may do so only if yo you are unable to pay the fee	our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition.
9.	Have you filed for bankruptcy within the last 8 years?	■ No.				
	,		District		When	Case number
			District		 When	Case number
			District		When	Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is	■ No				
	not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
			Debtor			Relationship to you
			District		When	Case number, if known
			Debtor			Relationship to you
			District		When	Case number, if known
11.	Do you rent your	□ No.	Go to I	ine 12.		
	residence?	_			ed an eviction judgment again	st vou?
		■ Yes.	ao ye	No. Go to line 12		
			_	Yes. Fill out <i>Initia</i> bankruptcy petiti		Judgment Against You (Form 101A) and file it with this

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Document Page 4 of 66 Case number (if known) Debtor 1 Chafawn Shaw-dae Sims Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Chafawn Shaw-dae Sims

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Chafawn Shaw-dae Sims Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Chafawn Shaw-dae Sims Signature of Debtor 2 Chafawn Shaw-dae Sims Signature of Debtor 1 Executed on November 20, 2019 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Chafawn Shaw-dae Sims Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Cynthia S. Daugherty	Date	November 20, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Cynthia S. Daugherty 0086414		
Daugherty Law Firm name		
8686 Winton Road Cincinnati, OH 45231		
Number, Street, City, State & ZIP Code		
Contact phone 513-484-9486	Email address	debtreliefsoon@gmail.com
0086414 OH Bar number & State		

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		Docum	The Tage of or ou	
Fill in this infor	mation to identify your	case:		
Debtor 1	Chafawn Shaw-d	ae Sims		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	35,746.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	35,746.00
Par	t 2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	18,637.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	343.78
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	100,547.60
	Your total liabilities	\$	119,528.38
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,307.71
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,243.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other so	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a		L familia an

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Chafawn Shaw-dae Sims

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,052.28

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	343.78
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	49,269.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	49,612.78

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			Docur	nent		
Fill in t	this info	ormation to identify you	case and this filing:			
Debtor	1	Chafawn Shaw-	lae Sims			
D ODIO!	•	First Name	Middle Name	Last Name		
Debtor						
(Spouse,	if filing)	First Name	Middle Name	Last Name		
United	States E	Sankruptcy Court for the:	SOUTHERN DISTRIC	CT OF OHIO		
Case n	umher					☐ Check if this is an
Case II	umbei					☐ Check if this is an amended filing
						g
O.(=	400A/D				
Offic	iai F	orm 106A/B				
Sch	edu	ıle A/B: Prop	erty			12/15
				ly once. If an asset fits in more tha		
				rried people are filing together, bot form. On the top of any additional p		
	every qu		a coparate enect to time	ioniii on tilo top or any additionar p	zagoo, writo your name and ot	aco nambor (ii kilowii).
Part 1:	Describ	ne Fach Residence Buildin	g Land or Other Real Fs	tate You Own or Have an Interest Ir	1	
· are ··	Doodiii	oo Edon Rooldonoo, Banam	g, Land, or Other Roar Lo	tato Tou Own of Flavo an intoroot in	<u>. </u>	
1. Do y o	ou own o	r have any legal or equitab	le interest in any residen	ce, building, land, or similar propert	:y?	
■ No	o. Go to F	Part 2				
_		e is the property?				
		o to the property.				
	1					
Part 2:	Describ	pe Your Vehicles				
Do vou	own. le	ease, or have legal or eq	uitable interest in anv	vehicles, whether they are regi	stered or not? Include anv	vehicles you own that
				edule G: Executory Contracts and		·
3. Cars	. vans.	trucks, tractors, sport u	tility vehicles, motorc	vcles		
o. • • • • • • • • • • • • • • • • • • •	,,,	,	,	, 555		
)					
■ Ye	es					
3.1	Make:	Chevy	Who has an i	nterest in the property? Check one		claims or exemptions. Put ured claims on Schedule D:
	Model:	Malibu	■ Debtor 1 o	nly		laims Secured by Property.
	Year:	2017	Debtor 2 o	•	Current value of the	Current value of the
	• •			nd Debtor 2 only	entire property?	portion you own?
Г	Otner into	ormation:	At least on	e of the debtors and another		
			☐ Check if the	is is community property	\$12,700.00	\$12,700.00
			(see instruct			_
4. Wate	ercraft.	aircraft, motor homes, A	TVs and other recrea	ional vehicles, other vehicles,	and accessories	
				vessels, snowmobiles, motorcycle		
_						
■ No	_					
☐ Ye	es					
				r entries from Part 2, including ere		\$12,700.00
.pug	oo you		. Willo that hambor h			
Part 3:	Describ	oe Your Personal and Hous	sehold Items			
		r have any legal or equi		the following items?		Current value of the
						portion you own?
						Do not deduct secured claims or exemptions.

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Del	otor 1 _(Chafawn Shaw-dae Sims	Case number (if known)
[Examples. ☑ No –	d goods and furnishings E Major appliances, furniture, linens, china, kitchenware Describe	
		kitchen table and chairs, living room set, two bed	s, dishes, pots\$825.00
ı	No	es: Televisions and radios; audio, video, stereo, and digital equipment; computincluding cell phones, cameras, media players, games	ers, printers, scanners; music collections; electronic devices
	Examples ■ No	es of value a: Antiques and figurines; paintings, prints, or other artwork; books, pictures, of other collections, memorabilia, collectibles Describe	or other art objects; stamp, coin, or baseball card collections;
ı	Examples. ■ No	nt for sports and hobbies Exercise Sports, photographic, exercise, and other hobby equipment; bicycles, pool to musical instruments Describe	tables, golf clubs, skis; canoes and kayaks; carpentry tools;
į	No .	es: Pistols, rifles, shotguns, ammunition, and related equipment describe	
[□ No	es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
		normal wearing apparel	\$250.00
ı	No	es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heir	loom jewelry, watches, gems, gold, silver
ı	<i>Example</i> ■ No	n animals es: Dogs, cats, birds, horses Describe	
ı	No	er personal and household items you did not already list, including any live specific information	health aids you did not list
15.		e dollar value of all of your entries from Part 3, including any entries for t 3. Write that number here	
Par Do		ribe Your Financial Assets or have any legal or equitable interest in any of the following?	Current value of the
		•	portion you own?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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Debtor 1 Chafawn S	Shaw-dae		Case number (if known)	
□ No	·		e, in a safe deposit box, and on hand when you file your petition	
Yes			Cash	\$50.00
			nts; certificates of deposit; shares in credit unions, brokerage houses, and the same institution, list each. Institution name:	nd other similar
	17.1.	Checking	US Bank	\$9.00
	17.2.	Checking	PNC Bank	\$0.00
	17.3.	Health Savings	Chard Synder Health Savings Account	\$0.00
9. Non-publicly traded joint venture■ No□ Yes. Give specific i	nformation		ated and unincorporated businesses, including an interest in an LL . % of ownership:	.C, partnership, and
☐ Yes. Give specific in the control of the control	Nai p orate bo ets include p	me of entity: nds and other negotia personal checks, cashie		
■ No □ Yes. Give specific in		about them uer name:		
21. Retirement or pensi d <i>Examples:</i> Interests i ☐ No			(b), thrift savings accounts, or other pension or profit-sharing plans	
Yes. List each acco		tely. of account:	Institution name:	
	401(l	()	Catholic Health retirement	\$1,912.00
	sed deposit	ts you have made so th	at you may continue service or use from a company blic utilities (electric, gas, water), telecommunications companies, or otl	ners
☐ Yes			Institution name or individual:	
■ No	·	, ,	to you, either for life or for a number of years)	
		e and description.	lifted ARLE program or under a qualified state tuition program	
24. Interests in an educa 26 U.S.C. §§ 530(b)(1)			lified ABLE program, or under a qualified state tuition program.	

De	btor 1		1:19-bk- fawn Shaw					ge 13 of 66	20/19 16:57:08 se number (if known)	Desc Main
	□ Yes					tion. Separately file th	ne rec	ords of any interest	s.11 U.S.C. § 521(c):	
	■ No		able or futur			(other than anythin	g list	ed in line 1), and ri	ghts or powers exerci	sable for your benefit
26.	Paten Exam ■ No	t s, copy nples: Int	vrights, trad ternet domai	emarks, tra n names, we	ade secrets, ebsites, proc	and other intellectu eeds from royalties a				
			pecific inforr							
					eral intangi e licenses, co		n hold	lings, liquor licenses	s, professional licenses	
	☐ Yes	. Give s	pecific inforn	nation abou	t them					
Mo	oney o	r proper	ty owed to y	you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No		owed to you		them, includ	ding whether you alre	ady fi	led the returns and	the tax years	
	Exam ■ No	•			nony, spousa	ıl support, child suppo	ort, m	aintenance, divorce	settlement, property set	ttlement
		<i>nples:</i> Un		, disability in	nsurance pay I made to sol		efits,	sick pay, vacation p	ay, workers' compensa	tion, Social Security
		. Give s	pecific inforn	nation						
			nsurance po ealth, disabili		surance; hea	lth savings account (HSA)	; credit, homeowner	's, or renter's insurance	
	□ Yes	. Name t	the insurance	e company o Compan		y and list its value.		Beneficiary:		Surrender or refund value:
	If you		beneficiary of			meone who has die roceeds from a life in		ce policy, or are cui	rently entitled to receive	property because
	☐ Yes	. Give s	pecific inforr	nation						
						u have filed a lawsui ance claims, or rights			payment	
	■ Yes	. Descri	be each clai	m						
					Glendale	Law Care - judgn	nent	from lawsuit fro	m A1306501	\$20,000.00
	Other	conting	gent and un	liquidated o	claims of ev	ery nature, includin	g cou	ınterclaims of the	debtor and rights to se	et off claims

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Describe each claim.......

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Debt	or 1 Chafawn Shaw-dae Sims	Page 14 01	Case number (if known)	
35. A	ny financial assets you did not already list	_		
_	No			
	Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4, includi for Part 4. Write that number here		• •	\$21,971.00
Part	Describe Any Business-Related Property You Own or Have an Inte	erest In. List any real esta	ate in Part 1.	
37. D	o you own or have any legal or equitable interest in any business-rela	ted property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part	Describe Any Farm- and Commercial Fishing-Related Property Yol If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
46. C	o you own or have any legal or equitable interest in any farm	- or commercial fishin	g-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part '	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	o you have other property of any kind you did not already list Examples: Season tickets, country club membership No Yes. Give specific information	t?		
54.	Add the dollar value of all of your entries from Part 7. Write tl	hat number here		\$0.00
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$12,700.00		
57.	Part 3: Total personal and household items, line 15	\$1,075.00		
58.	Part 4: Total financial assets, line 36	\$21,971.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$35,746.00	Copy personal property total	\$35,746.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$35,746.00

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Fill in this infor					
Debtor 1	Chafawn Shaw-d	ae Sims			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemp	ptions are	you claiming?	Check one only	, even if	your spouse is	filing with	vou.
----	--------------------	------------	---------------	----------------	-----------	----------------	-------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
kitchen table and chairs, living room set, two beds, dishes, pots and pans	\$825.00		\$825.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	2020100(1-1/(1-1/(1-1/(1-1/(1-1/(1-1/(1-1/(
normal wearing apparel	\$250.00		\$250.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Ellie II oli ochedate A/B. TTT			100% of fair market value, up to any applicable statutory limit	2020.00(//)(0)
Cash Line from Schedule A/B: 16.1	\$50.00		\$50.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Line Holli Schedule A.B. 19.1			100% of fair market value, up to any applicable statutory limit	2020:00(//)(0)
Checking: US Bank Line from Schedule A/B: 17.1	\$9.00		\$9.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Ello IIolii Goriculio 7/B. TTT			100% of fair market value, up to any applicable statutory limit	2020.00(17)(0)
401(k): Catholic Health retirement Line from Schedule A/B: 21.1	\$1,912.00		\$1,912.00	Ohio Rev. Code Ann. § 2329.66(A)(10)(d)
Ellio II oli ochedule 7/ B. 2111			100% of fair market value, up to any applicable statutory limit	2020.00(7.)(10)(4)
Line Irom Schedule AVB. 21.1			· · ·	2329.00(A)(10)(u)

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ebtor 1	Chafawn Shaw-dae Sims	Case number (if known)						
	description of the property and line on edule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption			
		Copy the value from Check only one box for each exemption. Schedule A/B		eck only one box for each exemption.				
	ndale Law Care - judgment from suit from A1306501	\$20,000.00		\$20,000.00	Ohio Rev. Code Ann. § 2329.66(A)(12)(c)			
	from Schedule A/B: 33.1		☐ 100% of fair market value, up to any applicable statutory limit		2020.00(//)(/2)(0)			
	you claiming a homestead exemption ject to adjustment on 4/01/22 and every	. ,		led on or after the date of adjustmer	nt.)			
	No							
	Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?			
	□ No							
	☐ Yes							

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		Document	Page 17	of 66		
Fill in this informa	ation to identify you	ır case:				
Debtor 1	Chafawn Shaw- First Name	-dae Sims Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	cruptcy Court for the:	SOUTHERN DISTRICT OF C	OHIO			
Case number						
(if known)						cif this is an ded filing
Official Form	106D					
		Who Have Claims	s Secure	d by Property	1	12/15
Be as complete and a	accurate as possible.	If two married people are filing toge out, number the entries, and attach	ether, both are eq	ually responsible for su	oplying correct informa	
, ,	ave claims secured by	y your property?				
☐ No. Check the	his box and submit the	his form to the court with your oth	er schedules. Y	ou have nothing else to	report on this form.	
Yes. Fill in a	all of the information	below.				
Part 1: List All	Secured Claims					
		more than one secured claim, list the o			Column B	Column C
		s a particular claim, list the other credit cal order according to the creditor's na		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 CarMax Au	to	Describe the property that secure		\$18,637.00	\$12,700.00	\$5,937.00
Creditor's Name		2017 Chevy Malibu 48000	miles			
225 Chasta	in Meadows					
Court		As of the date you file, the claim is apply.	is: Check all that			
Kennesaw,		Contingent				
	City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt	t? Check one.	Nature of lien. Check all that apply		d		
☐ Debtor 1 only☐ Debtor 2 only		☐ An agreement you made (such a car loan)	as mortgage or sec	cured		
Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, n	mechanic's lien)			
_	debtors and another	☐ Judgment lien from a lawsuit	D	Manage Oa annii (a)		
☐ Check if this clair community debt		Other (including a right to offset)	Purchase	Money Security		
Date debt was incur	red 10/31/2019	Last 4 digits of account nu	ımber 8xxx			
	•	column A on this page. Write that nu		\$18,63	7.00	
If this is the last pa Write that number		the dollar value totals from all page	es.	\$18,63	7.00	
Part 2: List Othe	ers to Be Notified fo	or a Debt That You Already Liste	ed			
trying to collect from than one creditor for	n you for a debt you o	e notified about your bankruptcy fo we to someone else, list the credito t you listed in Part 1, list the additio nis page.	or in Part 1, and t	hen list the collection ag	ency here. Similarly, if	you have more
	er, Street, City, State & 2	Zip Code	On whi	ch line in Part 1 did you en	ter the creditor? 2.1	
2040 Thalb Richmond			Last 4 o	digits of account number _	_	

Official Form 106D

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Debtor	1 Chafawn Sha	aw-dae Sims		Case number (if known)
	First Name	Middle Name	Last Name	
(F	lame, Number, Stree CarMax Auto Fir POB 440609 Kennesaw, GA 3			On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number

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		Docum	ent Page	19 of (66				
Fill in this inform	nation to identify your c	ase:							
Debtor 1	Chafawn Shaw-da	o Cimo							
Debior 1	First Name	Middle Name	Last Nam	9					
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Nam	Э					
United States Bar	nkruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO						
Case number _								Nb 1 - 16 (b 1-	
(II KIIOWII)							_	Check if this mended fili	
								monaca m	9
Official Form	n 106E/F								
Schedule E	/F: Creditors W	ho Have Unsec	ured Claim	S				1	2/15
any executory cont Schedule G: Execu Schedule D: Credit left. Attach the Con name and case nun	, ,	hat could result in a clair red Leases (Official Form red by Property. If more : . If you have no informat	m. Also list executo 106G). Do not inclu space is needed, co	ry contraction ide any creation py the Par	cts on Schedu editors with p rt you need, fi	ile A/B: F partially s Il it out,	Property (Offici secured claims number the en	al Form 106 that are list tries in the l	SA/B) and on ted in boxes on the
	II of Your PRIORITY Uns								
No. Go to P		Ciainis against you?							
	art Z.								
Yes.	priority unsecured claims	If a graditar has mare that		ا مامامام	int the avaditor		lu far agab alaim	- Faraash	alaim liatad
possible, list the Part 1. If more	pe of claim it is. If a claim has e claims in alphabetical order than one creditor holds a par ation of each type of claim, se	according to the creditor's ticular claim, list the other of	name. If you have no creditors in Part 3.	ore than tv		ecured cl		Continuation	n Page of priority
2.1 City of I	Forest Park	Last 4 digits	of account number	9489	\$	343.78		3.78	\$0.00
Priority Cre	editor's Name								*
	Tax Division	When was th	e debt incurred?	2006-2	800		-		
	est Kemper Road ati, OH 45240								
	treet City State Zip Code	As of the dat	e you file, the claim	is: Check	all that apply				
Who incurred	the debt? Check one.	☐ Contingen	t						
Debtor 1 o	only	☐ Unliquidate	ed						
Debtor 2 o	nlv	☐ Disputed							
_	and Debtor 2 only		RITY unsecured cla	im:					
_	-	Пъ	support obligations						
_	ne of the debtors and another	_	0						
	his claim is for a commun	•	certain other debts		•				
_	subject to offset?		death or personal in	ury while y	ou were intoxi	cated			
■ No		☐ Other. Spe							
☐ Yes			income tax	(es					
Part 2: List A	II of Your NONPRIORITY	/ Unsecured Claims							
3. Do any credito	ors have nonpriority unsecu	ured claims against you?							
☐ No. You hav	ve nothing to report in this pa	rt. Submit this form to the	court with your other	schedules.					
Yes.	•								
— 168.									
	nonpriority unsecured cla								

than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Total claim

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1 Chafawn Shaw-dae Sims	Case number (if known)	
ABC Financial Services	Last 4 digits of account number 4353	Unknown
Nonpriority Creditor's Name POB 6800	When was the debt incurred?	
North Little Rock, AR 72124	_ , , , , , , , , , , , , , , , , , , ,	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify purchased account	
Ace Cash Express Nonpriority Creditor's Name	Last 4 digits of account number	\$964.00
1231 Greenway DRive	When was the debt incurred? 2015	
Suite 700		
Irving, TX 75038 Number Street City State Zip Code	As at the date was file the plaint in Observal all that such	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Ioan	
AT&T Mobility	Last 4 digits of account number	Unknown
Nonpriority Creditor's Name		
POB 6416	When was the debt incurred?	
Carol Stream, IL 60197 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other, Specify cell phone services	

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Debit	Charawn Snaw-dae Sims		Case number (if known)	
4.4	Bethesda Hospital	Last 4 digits of account number	multiple accounts	\$1,102.00
	Nonpriority Creditor's Name POB 630823 Cincinnati, OH 45263	When was the debt incurred?	7/2014	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify medical tre	atment	
4.5	CashNet USA Nonpriority Creditor's Name	Last 4 digits of account number		Unknown
	200 W. Jackson Blvd. 4th Floor	When was the debt incurred?		
	Chicago, IL 60606 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify loan		
4.6	CBE Group Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	PO Box 2547 Waterloo, IA 50704	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	- ·	
	□ Yes	Other. Specify purchased	account	

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Chafawn Shaw-dae Sims

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Case number (if known)

Debto	Chafawn Shaw-dae Sims	Case number (if known)	
4.7	Check into Cash	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 201 Keith Street	When was the debt incurred?	
	Suite 80	When was the dept incurred:	
	Cleveland, TN 37311		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify loan	
4.8	Cincinnati Bell	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name POB 1199	When was the debt incurred?	
	Cincinnati, OH 45201		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<u> </u>		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify telephone services	
4.9	Cincinnati State	Last 4 digits of account number 0774	\$674.00
	Nonpriority Creditor's Name		· .
	3520 CEntral Pkwy	When was the debt incurred? 2017	
	Cincinnati, OH 45223 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The or and take you may and stand to one on an area appropriate	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify tuition	

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Debto	Chafawn Shaw-dae Sims	Case number (if known)	
4.1	Comenity Bank/Victoria Secret	Last 4 digits of account number	\$1,140.00
	Nonpriority Creditor's Name Bankruptcy Dept POB 182125	When was the debt incurred? 2/2018	
	Columbus, OH 43218-2125 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.1	Credit First	Last 4 digits of account number	\$260.00
	Nonpriority Creditor's Name 6275 Eastland Road Brookpark, OH 44142-1399	When was the debt incurred? 2005-2008	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.1	Diverse Funding Associates LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$884.09
	352 Sonwil Drive Buffalo, NY 14225	When was the debt incurred? 9/2013	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	∏ yes	Other Specific nurchased account	

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Chafawn Shaw-dae Sims

Deb	Charawn Snaw-dae Sims	Case number (if known)	
4.1 3	Doctors Urgent Care	Last 4 digits of account number	\$81.00
<u> </u>	Nonpriority Creditor's Name 5920 Colerain Avenue	When was the debt incurred?	<u> </u>
	Cincinnati, OH 45239 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify medical treatment	
4.1	Eagle Loan/Sims	Last 4 digits of account number	\$1,051.00
4	Nonpriority Creditor's Name		— • • • • • • • • • • • • • • • • • • •
	1169 Smiley Avenue Cincinnati, OH 45240	When was the debt incurred? 2016	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	☐ Yes	■ Other. Specify account	
4.1 5	Enhanced Recovery Collection	Last 4 digits of account number	\$1,101.00
	Nonpriority Creditor's Name 8014 Bayberry Road Jacksonville, FL 32256	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify purchased account	

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Charawn Snaw-dae Sims	Case number (if known)	
Exeter Finance Corporation	Last 4 digits of account number 1001	\$10,260.00
Nonpriority Creditor's Name 222 Las Colinas Blvd	When was the debt incurred? 4/4/2015	
Irving, TX 75039 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	deficiency on vehicle 2010 Chevrolet Malibu	
FIA Card Services	Last 4 digits of account number 4190	\$4,761.89
Nonpriority Creditor's Name 655 Paper Mill Road Wilmington, DE 19884	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Credit card purchases	
Fifth Third Bank	Last 4 digits of account number	\$884.09
Nonpriority Creditor's Name 38 Fountain Square Plaza Cincinnati, OH 45263	When was the debt incurred? 9/2013	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Vos	Other Carette, Overdraft fees	

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Charawn Snaw-dae Sims	Case number (if known)	
Fortiva	Last 4 digits of account number	\$2,238.00
Nonpriority Creditor's Name POB 105341	When was the debt incurred? 7/2015	
Atlanta, GA 30348 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit card purchases	
General Electric Federal Credit Union	Last 4 digits of account number	Unknown
Nonpriority Creditor's Name 10485 Reading Road Cincinnati, OH 45241	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Vho incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
ebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify overdraft fees	
	multiple	
Group Health	Last 4 digits of account number accounts	\$376.00
Nonpriority Creditor's Name 4600 Wesley Avenue Suite N	When was the debt incurred?	
Cincinnati, OH 45212		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
\square Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify medical treatment	

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Chafawn Shaw-dae Sims

Debio	Charawh Shaw-dae Sims	Case number (if known)	
4.2	Health Care Clinics of Select	Last 4 digits of account number	\$88.00
2	Nonpriority Creditor's Name		
	3219 Clifton Ave # 315	When was the debt incurred?	
	Cincinnati, OH 45220		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify medical treatment	
4.2			
3	Huntington Bank	Last 4 digits of account number	\$192.37
	Nonpriority Creditor's Name	When was the debt in surred 0 0/2044	
	105 E 4th Street Cincinnati, OH 45202	When was the debt incurred? 9/2014	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	_		
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify overdraft fees	
4.2	Jefferson Capital LLC	Last 4 digits of account number	\$1,243.00
	Nonpriority Creditor's Name		
	16 McLeland Road	When was the debt incurred?	
	Saint Cloud, MN 56303	- As a full a large of the distribute Of the large of	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	По и	
	_	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify purchased account	

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Chafavan Shaw-dae Sims

Deblo	Charawh Shaw-dae Sims	Case number (if known)	
4.2 5	Key Bank	Last 4 digits of account number	\$303.67
	Nonpriority Creditor's Name POB 94917	When was the debt incurred? 9/2016	
	Cleveland, OH 44101 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify overdraft fees	
4.2	Mercy Laboratory Service	Last 4 digits of account number	\$21.52
	Nonpriority Creditor's Name POB 635963 Cincinnati, OH 45263-5963	When was the debt incurred? 2017	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify medical treatment	
4.2	Manay Kay		Unknown
7	Money Key Nonpriority Creditor's Name	Last 4 digits of account number	Ulkilowii
	3422 Old Capitol Trail Suite 1613	When was the debt incurred? 2016	
	Wilmington, DE 19808	_	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	∏ yes	Other Specific Ioan	

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Chafawn Shaw-dae Sims	Case number (if known)	
National Credit Adjusters		\$2,726
Nonpriority Creditor's Name	Last 4 digits of account number	\$2,720
POB 3023	When was the debt incurred?	
Hutchinson, KS 67504		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify purchased debt from NCP Finance Ohio	
Neticurida Incruanca		¢ E /
Nationwide Insurance Nonpriority Creditor's Name	Last 4 digits of account number	\$50
One Nationwide Plaza	When was the debt incurred?	
Columbus, OH 43215-2220		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify overdue premiums	
Planet Fitness	Last 4 digits of account number	Unkno
Nonpriority Creditor's Name		
8501 Winton Road	When was the debt incurred?	
Cincinnati, OH 45231 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As or the date you me, the claim is. Oneon all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
_		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	_ *****	
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify account	

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Chafavan Shaw-dae Sims

Charawn Snaw-dae Sims	Case number (if known)	
Progressive Leasing	Last 4 digits of account number	\$684.00
Nonpriority Creditor's Name 256 W. Data Drive	When was the debt incurred? 2016	<u> </u>
Draper, UT 84020		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify account	
Qualified Emergency Specialists		\$27.00
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ21.00
1472 Solutions Center Chicago, IL 60677	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
No		
☐ Yes	■ Other. Specify medical treatment	
Receivables Performance	Last 4 digits of account number	\$1,150.00
Nonpriority Creditor's Name 20816 44th Avenue	When was the debt incurred?	
Lynnwood, WA 98036 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	, and the graine, and the man is a cross can make apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify purchased account	

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Chafawn Shaw-dae Sims	Case number (if known)	
Savannah Gardens	Last 4 digits of account number	\$1,000.0
Nonpriority Creditor's Name 1910 Savannah Way Cincinnati, OH 45224	When was the debt incurred? 2013	41,555
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify deficiency on broken lease	
Spectrum	Last 4 digits of account number	Unknov
Nonpriority Creditor's Name POB 1060	When was the debt incurred?	
Carol Stream, IL 60132		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify cable services	
Sprint Nextel	Last 4 digits of account number	\$560.
Nonpriority Creditor's Name		
Attn: Bankruptcy Dept POB 7949	When was the debt incurred?	
Overland Park, KS 66207 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	The of the date year may the claim to. Officer all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify cell phone services	

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Chafawn Shaw-dae Sims

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Case number (if known)

Debto	Chafawn Shaw-dae Sims	Case number (if known)	
4.3	The General Insurance	Last 4 digits of account number	\$500.00
	Nonpriority Creditor's Name 2636 Elm Hill Pike Suite 510	When was the debt incurred?	
	Nashville, TN 37214		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify overdue insurance premium	
4.3	Time Warner		Unknown
8	Nonpriority Creditor's Name	Last 4 digits of account number	Ulikilowii
	3290 Westbourne Drive Cincinnati, OH 45248	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify cable account	
4.3	Transworld Systems		\$428.00
9	Nonpriority Creditor's Name	Last 4 digits of account number	φ420.00
	2235 Mercury Way, Suite 275 Santa Rosa, CA 95407	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify purchased account	

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Debt	Charawn Snaw-dae Sims	Case number (if known)	
4.4 0	TriHealth Physician Practices LLC	Last 4 digits of account number	\$50.00
	Nonpriority Creditor's Name POB 636556	When was the debt incurred?	
	Cincinnati, OH 45263		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical treatment	
4.4 1	TriHealth SBO	Last 4 digits of account number	\$1,147.02
-	Nonpriority Creditor's Name		
	POB 630892	When was the debt incurred? 2013	
	Cincinnati, OH 45263 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date you me, the claim is. Officer all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
		Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify medical treatment	
4.4		multiple	
2	TriHealth/Good Samaritan Hospital	Last 4 digits of account number accounts	\$243.00
	Nonpriority Creditor's Name POB 630823	When was the debt incurred?	
	Cincinnati, OH 45263 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Offect an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	<u> </u>	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Ves	Other Specific medical treatment	

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Chafawn Shaw-dae Sims

Charawn Snaw-dae Sims		Case number (if known)		
US Bank	Last 4 digits of account number		\$239.95	
Nonpriority Creditor's Name Bankruptcy Department POB 5229	When was the debt incurred?	8/2015		
Cincinnati, OH 45201 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim			
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured			
☐ Check if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
debt Is the claim subject to offset?				
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
Yes	Other. Specify overdraft fe	ees		
US Department of Education/GLELSI	Last 4 digits of account number	multiple accounts	\$49,269.00	
Nonpriority Creditor's Name POB 7860 Madison, WI 53704	When was the debt incurred?	7/28/2010		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply		
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured			
☐ Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
No	Debts to pension or profit-sharing	ng plans, and other similar debts		
Yes	Other. Specify			
	student loa	ins		
Verizon	Last 4 digits of account number		\$1,200.00	
Nonpriority Creditor's Name POB 25505 Lehigh Valley, PA 18002-5505	When was the debt incurred?			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecured			
☐ Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
No	Debts to pension or profit-sharing			
□ Yes	Other Specify cell phone			

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Debto	Chafawn Shaw-dae Sims		Case number (if known)		
4.4	Wells Fargo Dealer Services	Last 4 digits of account number	2072	\$13,648.00	
	Nonpriority Creditor's Name POB 997517	When was the debt incurred?	4/4/2012		
	Sacramento, CA 95899 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts		
	☐ Yes	■ Other Specify deficiency		-	
Part 3	List Others to Be Notified About a De	bt That You Already Listed			
5. Use to is try	this page only if you have others to be notified a ying to collect from you for a debt you owe to so more than one creditor for any of the debts tha ied for any debts in Parts 1 or 2, do not fill out o	about your bankruptcy, for a debt that omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the collection agency	y here. Similarly, if you	
	and Address	On which entry in Part 1 or Part 2 did yo			
	ce Recovery 20790		Part 1: Creditors with Priority Unsecured Clai		
_	mbus, OH 43220	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured	Claims	
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?		
	enity Bank	Line <u>4.10</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clai	ms	
_	182789 mbus, OH 43218	·	Part 2: Creditors with Nonpriority Unsecured	Claims	
Colu	mbus, 011 43210	Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
	it Management	Line <u>4.22</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clai	ms	
Suite		•	Part 2: Creditors with Nonpriority Unsecured	Claims	
Plane	o, TX 75024	Last 4 digits of account number			
	and Address er Finance	On which entry in Part 1 or Part 2 did you Line 4.16 of (<i>Check one</i>):	u list the original creditor? Part 1: Creditors with Priority Unsecured Clai	ims	
102 V	West John Carpenter FWY		Part 2: Creditors with Nonpriority Unsecured		
Irvin	g, TX 75063	Last 4 digits of account number	- Tan E. Groundre man Horpholity Grossaled	Ciamo	
	and Address er Finance Corporation	On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one):	u list the original creditor? Part 1: Creditors with Priority Unsecured Clai	imo	
	204480		Part 2: Creditors with Nonpriority Unsecured		
Dalla	s, TX 75320	Last 4 digits of account number	- Part 2. Creditors with Noriphority Orisecured	Cidillis	
		Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did yo			
	er Finance Corporation 166008		Part 1: Creditors with Priority Unsecured Clai		
	g, TX 75016	•	Part 2: Creditors with Nonpriority Unsecured	Claims	
-,		Last 4 digits of account number			
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?		
FBC	S Inc		☐ Part 1: Creditors with Priority Unsecured Clai	ms	
Suite		•	Part 2: Creditors with Nonpriority Unsecured	Claims	
Hatb	oro, PA 19040	Last 4 digits of account number			

Official Form 106 E/F

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Debtor 1 Chafawn Shaw-dae Sims		Case number (if known)
Name and Address Fifth Third Bank 5050 Kingsley Cincinnati, OH 45263	On which entry in Part 1 or Part 2 did y Line 4.18 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Fortiva 5 Concourse Parkway Atlanta, GA 30328	On which entry in Part 1 or Part 2 did y Line 4.19 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Levy & Associates LLC 4645 Executive Drive Columbus, OH 43220	On which entry in Part 1 or Part 2 did y Line 4.17 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 4190
Name and Address MRS 1930 Olney Cherry Hill, NJ 08003 Name and Address National Credit Adjusters 327 W 4th Avenue Hutchinson, KS 67501	On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did y Line 4.28 of (Check one): Last 4 digits of account number	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Senex Services 3333 Founders Road 2nd Floor Indianapolis, IN 46268	On which entry in Part 1 or Part 2 did y Line 4.40 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Senex Services 3333 Founders Road 2nd Floor Indianapolis, IN 46268	On which entry in Part 1 or Part 2 did y Line 4.21 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Senex Services 3333 Founders Road 2nd Floor Indianapolis, IN 46268	On which entry in Part 1 or Part 2 did y Line 4.4 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Senex Services 3333 Founders Road 2nd Floor Indianapolis, IN 46268	On which entry in Part 1 or Part 2 did y Line 4.42 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address US Department of Education PO BOX 5227 Greenville, TX 75403	On which entry in Part 1 or Part 2 did y Line 4.44 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address US Department of Education National Payment Center POBox 105028 Atlanta, GA 30348-5028	On which entry in Part 1 or Part 2 did y Line 4.44 of (Check one):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

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Debtor 1 Chafawn Shaw-dae Sims		Case number (if known)
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Wells Fargo Dealer Services	Line 4.46 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
POB 1697 Winterville, NC 28590		■ Part 2: Creditors with Nonpriority Unsecured Claims
Winterville, NC 20590	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Wells Fargo Dealer Services	Line 4.46 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
POB 3599		■ Part 2: Creditors with Nonpriority Unsecured Claims
Rancho Cucamonga, CA 91729	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims	01		01		
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	343.78
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	343.78
					Total Claim
Total	6f.	Student loans	6f.	\$	49,269.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	•	•	0.00
		you did not report as priority claims	6g.	\$	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	51,278.60
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	100,547.60

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Fill in this infor					
Debtor 1	Chafawn Shaw-d				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)] [☐ Check if this i
					amended filin

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the o	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
	,				

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			Document	. Page 39 01 6	00	
Fill in th	is information to	identify your o	ase:			
Debtor 1	Chafa	awn Shaw-da	e Sims			
	First Na	me	Middle Name	Last Name		
Debtor 2 (Spouse if,		me	Middle Name	Last Name		
United S	tates Bankruptcy	Court for the:	SOUTHERN DISTRICT OF	F OHIO		
Case nul (if known)	mber					☐ Check if this is an amended filing
	al Form 10 dule H: Y o		ebtors			12/15
people a fill it out, your nam	re filing together, and number the ne and case num o you have any c	both are equa entries in the l per (if known).	lly responsible for supply	ing correct information ne Additional Page to t	n. If more space is r his page. On the to	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
■ Y	es	ars have you	lived in a community prop	party state or territory?	(Community proper	ty states and territories include
			Nevada, New Mexico, Puert			
■ N	o. Go to line 3.					
ПΥ	es. Did your spous	se, former spou	se, or legal equivalent live w	vith you at the time?		
in liı Forr	ne 2 again as a co	debtor only if	that person is a guarantoi	r or cosigner. Make su	re you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your Name, Number, Stree		Code		Column 2: The cre Check all schedule	editor to whom you owe the debt
3.1	Julia Sims 926 Gallatin Cincinnati, Ol	l 45240			■ Schedule D, I □ Schedule E/F □ Schedule G CarMax Auto	ine

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E:III	in this information to identify your a	200				1				
	in this information to identify your control Chafawn Sh	ase. aw-dae Sims								
	otor 2 use, if filing)				_					
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO							
	se number 					☐ An		d filing		tition chapter date:
0	fficial Form 106I					MN	// DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/1
sup spo atta	es complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your spo ith you, do not include	ouse i inforr	s liv natio	ing with y on about y	ou, incli our spo	ude inform ouse. If mo	ation al	bout your e is needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fili	ng spo	use
	If you have more than one job,	Employment status	■ Employed				☐ Emplo	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed				☐ Not e	mployed		
	employers.	Occupation	Team Coordinator							
	Include part-time, seasonal, or self-employed work.	Employer's name	American Nursing	Care	•					
	Occupation may include student or homemaker, if it applies.	Employer's address	1700 Edison Drive Milford, OH 45150							
		How long employed to	here? <u>5 years</u>				_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to repo	ort for a	any l	line, write S	\$0 in the	space. Incl	ude you	ır non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information fo	or all e	mplo	oyers for th	nat perso	on on the line	es belov	w. If you need
						For Debt	or 1	For Debi		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,9	91.08	\$	1	N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	1	N/A

4. Calculate gross Income. Add line 2 + line 3.

\$ 2,991.08

N/A

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Deb	tor 1	Charawn Shaw-dae Sims	-	(Case i	number (<i>if k</i>	(nown)				
					For	Debtor 1			or Debtor		
	Cor	by line 4 here	4.		\$	2 99	1.08	no \$	n-filing s	spouse N/A	
	991	by line 4 here			Ψ_	2,33	1.00	Ψ_		13/7	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	42	8.72	\$		N/A	<u> </u>
	5b.	Mandatory contributions for retirement plans	5b).	\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$		9.82	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$		0.00	\$_		N/A	_
	5e. 5f.	Insurance	5e 5f.		\$		3.16	\$_		N/A	_
	51. 5g.	Domestic support obligations Union dues	5i.		\$ _		0.00	φ_ \$		N/A N/A	
	5h.	Other deductions. Specify: health savings). 1.+	\$ —		1.67	· -		N/A	_
6			_		* \$			· -			_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		· —		3.37	\$_		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,30	7.71	\$_		N/A	<u>\</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			•						
	01	monthly net income.	8a		\$		0.00	\$_		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b).	\$		0.00	\$_		N/A	<u>\</u>
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$		0.00	\$_		N/A	
	8d.	Unemployment compensation	8d		\$		0.00	\$_		N/A	_
	8e.	Social Security	8e) .	\$		0.00	\$_		N/A	<u>\</u>
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$		0.00 0.00	\$ _ \$		N/A N/A	_
	8h.	Other monthly income. Specify:	-).+	<u>*</u> —		0.00	- 1 -		N/A	_
			_								_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S		0.00	\$_		N/.	Α
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2	2,307.71	+ \$		N/A	= \$	2,307.71
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				•	1 L				•
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe						Schedule	e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The respect that amount on the Summary of Schedules and Statistical Summary of Certain lies								\$	2,307.71
										Combi month	ined Iy income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?								.,
	_	Ves Evolain:								-	

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:			Ī		
	otor 1	Chafawn Sha		ims		Check	c if this is:	
		Onarawn One	aw dae c				An amended filing	
1	otor 2 ouse, if filing)							ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: SOUTH	IERN DISTRICT OF OI	HIO	1	MM / DD / YYYY	
	e number	.,.,						
	nown)							
Of	fficial Fo	rm 106J				-		
S	chedule	J: Your l	Exper	ises				12/1
Be info	as complete a	and accurate as	possible eded, atta	If two married people ch another sheet to the	e are filing together, b his form. On the top o			
		ibe Your House	hold					
1.	Is this a joir No. Go to							
			in a separ	ate household?				
	□N	0	-					
	□ Ye	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expen</i>	ses for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	•		Dependent's age	Does dependent live with you?
	Do not state						_	□ No
	dependents	names.			Son		5	■ Yes □ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.		enses include	_	No				— 103
	•	f people other ti d your depende		Yes				
Est	imate your ex		our bankr	uptcy filing date unles				apter 13 case to report f the form and fill in the
the	value of such	n assistance and		government assistand Sluded it on <i>Schedule</i>			Your expe	200
(Of	ficial Form 10	61.)					Tour exp	E113E3
4.		or home owners			e. Include first mortgag	e 4. \$		765.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	4b. Prope	rty, homeowner's				4b. \$		0.00
				ipkeep expenses		4c. \$		0.00
5.		owner's associat nortgage payme		dominium dues our residence, such as	s home equity loans	4d. \$ 5. \$		0.00
		5 5 1 1 7 1 1	, ,	,		- +		

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Debtor 1	Chafaw	n Shaw-dae Sims	Case num	ber (if known)	
i. Util	ities:				
6a.		y, heat, natural gas	6a.	\$	118.00
6b.		ewer, garbage collection	6b.	\$	0.00
6c.		ne, cell phone, Internet, satellite, and cable services	6c.	· :	200.00
6d.	Other. St		6d.	·	0.00
		sekeeping supplies	7.	·	325.00
		children's education costs	7. 8.	\$	0.00
_		dry, and dry cleaning	9.	\$	50.00
				·	
		products and services	10.	\$	0.00
		ental expenses	11.	\$	25.00
		n. Include gas, maintenance, bus or train fare.	12.	\$	210.00
		car payments. s, clubs, recreation, newspapers, magazines, and books	13.		55.00
				·	
		ntributions and religious donations	14.	\$	5.00
	urance.	incurance deducted from your pay or included in lines 4 or 20			
	not include i Life insul	insurance deducted from your pay or included in lines 4 or 20.	15a.	¢	0.00
				· ·	0.00
	. Health in		15b.	·	0.00
	. Vehicle ii		15c.	·	110.00
		surance. Specify:	15d.	\$	0.00
		include taxes deducted from your pay or included in lines 4 or 20.			
•	ecify:		16.	\$	0.00
		lease payments:			
		nents for Vehicle 1	17a.	· -	380.00
17b	 Car payn 	nents for Vehicle 2	17b.	\$	0.00
17c	. Other. Sp	pecify:	17c.	\$	0.00
17d	l. Other. Sp	pecify:	17d.	\$	0.00
. You	ır payment	s of alimony, maintenance, and support that you did not report as			
ded	lucted from	your pay on line 5, Schedule I, Your Income (Official Form 106l).	18.	\$	0.00
. Oth	er paymen	ts you make to support others who do not live with you.		\$	0.00
Spe	ecify:		19.		
. Oth	er real pro	perty expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
20a	. Mortgage	es on other property	20a.	\$	0.00
20b	. Real esta	ate taxes	20b.	\$	0.00
20c	. Property	, homeowner's, or renter's insurance	20c.	\$	0.00
		ance, repair, and upkeep expenses	20d.	\$	0.00
		rner's association or condominium dues	20e.		0.00
	er: Specify:		21.	·	0.00
. Ou	er. Specify.	•		+\$	0.00
. Cal	culate your	r monthly expenses			
22a	. Add lines	4 through 21.		\$	2.243.00
22b	. Copy line	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
				·	2 242 00
220	. Auu IIIIe Z	2a and 22b. The result is your monthly expenses.		\$	2,243.00
. Cal	culate vour	r monthly net income.		L	
	-	e 12 (your combined monthly income) from Schedule I.	23a.	\$	2,307.71
		ur monthly expenses from line 22c above.	23b.		2,243.00
_00	. С СРУ УОС	a	200.		2,243.00
230	Subtract	your monthly expenses from your monthly income.			
230		It is your <i>monthly net income</i> .	23c.	\$	64.71
	1110 1030	in to your monany not income.			
4. Do	vou expect	t an increase or decrease in your expenses within the year after yo	ou file this	form?	
		you expect to finish paying for your car loan within the year or do you expect you			or decrease because c
		e terms of your mortgage?	5 5 1		
	No.				
	Yes.	Explain here:			
		1			

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Fill in this infe	emotion to identify your					
	rmation to identify your					
Debtor 1	Chafawn Shaw-da First Name	Middle Name	Li	ast Name		
Debtor 2			_			
(Spouse if, filing)	First Name	Middle Name	Li	ast Name	-	
United States B	ankruptcy Court for the:	SOUTHERN DISTRI	CT OF OHIO			
Case number						
(if known)		_				☐ Check if this is an amended filing
Official For	m 106Dec tion About a	n Individu	al Dobi	or's Sch	odulos	12/15
Doolal a	tion / toodt d	maivida	41 500	.01 0 0011		12/13
years, or both. 1	n Below		anni aptoy oa	50 Juli 103uli III II	es up to \$250,0	00, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an a	torney to hel	p you fill out ban	kruptcy forms?	
■ No						
☐ Yes.	Name of person					akruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the s	ummary and	schedules filed w	vith this declarati	on and
X /s/ Ch	afawn Shaw-dae Sim	S	х			
	wn Shaw-dae Sims	-		Signature of De	btor 2	
Signatu	ure of Debtor 1					
Date	November 20, 2019			Date		

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Fill	n this inforn	nation to identify you	r case:			
Deb	tor 1	Chafawn Shaw-o	Middle Name	Last Name		
Deb						
(Spou	ise if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT C	OF OHIO		
Case (if kno	e number _				_	heck if this is an mended filing
Sta Be as	s complete a	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for supp y additional pages, write you	
Part		,	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	□ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Part	2 Explai	n the Sources of You	r Income			
	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No ■ Yes Fill	in the details.				
	— 1 C3. I ⁻ III	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$17,577.52	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

	Case 1:19-bk-14225	Documen	t Page 46 of 66	L/20/19 16:57:08 E	Desc Main
Debtor	Chafawn Shaw-dae Sin	18	Case	e number (if known)	
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	st calendar year: ary 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$33,892.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
	e calendar year before that: ary 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$25,711.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
Ind an wii	d you receive any other income clude income regardless of wheth dother public benefit payments; nnings. If you are filing a joint case teach source and the gross income. No Yes. Fill in the details.	ner that income is taxable. Exa pensions; rental income; interese and you have income that y	mples of other income are al est; dividends; money collect ou received together, list it o	ted from lawsuits; royalties; ar nly once under Debtor 1. nat you listed in line 4.	ecurity, unemployment, d gambling and lottery
		Sources of income	Gross income from	Debtor 2 Sources of income	Gross income
		Describe below.	each source (before deductions and exclusions)	Describe below.	(before deductions and exclusions)
Part 3:	List Cartain Payments Vou	Made Before You Filed for E	Sankruntev		
6. Ar	e either Debtor 1's or Debtor 2	's debts primarily consumer		1 " 1 1 1 1 1 0 0 0 1 1	

•	AI C	CILITO	DCDLO		COLO: A	. 5 46516	, b	u y 00.	Julio	acoto.						
		No.	Neithe	Debtor	1 nor l	Debtor 2	has p	rimarily	/ consui	ner debt	s. Consume	r debts are	defined in	11 U.S	.C. §	101(8)

) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

□ No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid

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			Document	raye 41 01 00			
Del	otor 1	Chafawn Shaw-dae Sims		Cas	se number (if known)		
7.		in 1 year before you filed for bankrupto					
	of wh	ers include your relatives; any general pa ich you are an officer, director, person in siness you operate as a sole proprietor. 1 iny.	control, or owner of 20%	or more of their voting	g securities; and ar	ny managing ag	gent, including one fo
	`	No Yes. List all payments to an insider.					
		der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment
8.	insid	in 1 year before you filed for bankrupte er? de payments on debts guaranteed or cos		yments or transfer a	any property on a	count of a de	bt that benefited an
		No Yes. List all payments to an insider					
		der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment tor's name
Pai	rt 4:	Identify Legal Actions, Repossession	ns and Foreclosures				
ı aı							
9.	List a	in 1 year before you filed for bankrupte Ill such matters, including personal injury fications, and contract disputes.					
	_	No Yes. Fill in the details.					
		e title e number	Nature of the case	Court or agency		Status of the	e case
10.		in 1 year before you filed for bankrupto k all that apply and fill in the details below		perty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.					
	Cred	ditor Name and Address	Describe the Property		Date		Value of the property
			Explain what happene	ed			
11.	acco	in 90 days before you filed for bankrup unts or refuse to make a payment bec 		cluding a bank or fir	nancial institution	, set off any a	mounts from your
	_	No Yes. Fill in the details.					
		ditor Name and Address	Describe the action th	ne creditor took	Date :	action was	Amount
12.		in 1 year before you filed for bankrupte t-appointed receiver, a custodian, or a		perty in the possess	ion of an assigne	e for the bene	fit of creditors, a
	_	No Yes					
Pai		List Certain Gifts and Contributions					
		in 2 years before you filed for bankrup	tcy, did you give any git	fts with a total value	of more than \$60	0 per person?	
. ••	= 1	No Yes. Fill in the details for each gift.	, y = 0.10 will gi	The second value		. F. P.	
	Gifts	s with a total value of more than \$600 person	Describe the gift	S	Dates the gi	s you gave ifts	Value

Address:

Person to Whom You Gave the Gift and

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Del	Chafawn Shaw-dae Sims		Case number	(if known)	
14.	Within 2 years before you filed for bank	ruptcy	, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or	contribu	ution.		
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total	Describe what you contributed	Dates you contributed	Value
Pa	rt 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	iptcy c	or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred		cribe any insurance coverage for the loss de the amount that insurance has paid. List pending	Date of your loss	Value of property lost
			ance claims on line 33 of Schedule A/B: Property.		
Pa	rt 7: List Certain Payments or Transfer	s			
	□ No■ Yes. Fill in the details.		ers, or credit counseling agencies for services require	, , ,	
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Daugherty Law 8686 Winton Road Cincinnati, OH 45231 debtreliefsoon@gmail.com		Attorney Fees	11/20/2019	\$650.00
	CC Advising 703 Washington Avenue Suite 200 Terre Haute, IN 47808 www.ccadvising.com		credit counseling certificate	11/16/2019	\$9.76
17.		ditors	did you or anyone else acting on your behalf pay or to make payments to your creditors? sted on line 16.	or transfer any prope	erty to anyone who
	■ No				
	☐ Yes. Fill in the details.				
	Person Who Was Paid		Description and value of any property	Date payment	Amount of

Address

transferred

payment

or transfer was

made

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Debtor 1 Chafawn Shaw-dae Sims

Case number (if known)

18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your buildude both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details.	siness or financial affa de as security (such as t	airs? he granting of a			
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr		payme	be any property or ents received or debts n exchange	Date transfer was made
 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 				of which you are a		
	Name of trust	Description and v	alue of the prop	perty trans	ferred	Date Transfer was made
	tt 8: List of Certain Financial Accounts, Inst Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	•	·	J		our benefit, closed,
	Include checking, savings, money market, or houses, pension funds, cooperatives, associ No Yes. Fill in the details.				; shares in banks, credit	unions, brokerage
		Last 4 digits of account number	Type of accounts instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository to cash, or other valuables?			itory for securities,			
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1	year befor	e you filed for bankrupto	ey?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?
Pai	rt 9: Identify Property You Hold or Control fo	or Someone Else				
23.	Do you hold or control any property that som for someone.	eone else owns? Inclu	ude any propert	y you borr	owed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe t	the property	Value
Par	rt 10: Give Details About Environmental Infor	mation				
For	the nurnose of Part 10, the following definition	ns anniv				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

page 5

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Chafawn Shaw-dae Sims

Case number (if known)

	regulati	ons controlling the cleanup of thes	e sur	istances, wastes, or material.			
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.						
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.						
Rep	ort all no	otices, releases, and proceedings th	nat yo	u know about, regardless of when	the	ey occurred.	
24.	Has any	governmental unit notified you that	at you	may be liable or potentially liable	un	der or in violation of an environm	ental law?
■ No □ Yes. Fill in the details.							
	Name of Address	of site S (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
25. Have you notified any governmental unit of any release of hazardous material?							
	■ No	s. Fill in the details.					
	Name of Address	of site is (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
26.	Have yo	ou been a party in any judicial or ad	minis	trative proceeding under any envi	ron	mental law? Include settlements	and orders.
	■ No						
	☐ Yes	s. Fill in the details.					
	Case N			Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case
Par	t 11: G	ive Details About Your Business or	Con	nections to Any Business			
27.	Within 4	years before you filed for bankrup	tcy, c	lid you own a business or have an	y o	f the following connections to an	y business?
		A sole proprietor or self-employed	in a t	rade, profession, or other activity,	eitl	ner full-time or part-time	
		A member of a limited liability com	pany	(LLC) or limited liability partnersh	ip (I	LLP)	
		A partner in a partnership					
		An officer, director, or managing ex	xecut	ive of a corporation			
		An owner of at least 5% of the voting	ng or	equity securities of a corporation			
	■ No.	. None of the above applies. Go to	Part '	12.			
	☐ Yes	s. Check all that apply above and fi	ll in th	ne details below for each business	S .		
	Addres			scribe the nature of the business		Employer Identification number Do not include Social Security	
	(Number,	Street, City, State and ZIP Code)	Naı	me of accountant or bookkeeper		Dates business existed	
28.		2 years before you filed for bankrup ons, creditors, or other parties.	itcy, c	lid you give a financial statement t	to a	nyone about your business? Incl	ude all financial
	■ No						
	☐ Yes	s. Fill in the details below.					
	Name Addres (Number,	SS Street, City, State and ZIP Code)	Dat	te Issued			

Part 12: Sign Below

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Debto	Chafawn Shaw-dae Sims		Case number (if known)
with a	bankruptcy case can result in fines up	, ,	operty, or obtaining money or property by fraud in connection up to 20 years, or both.
18 U.S	.C. §§ 152, 1341, 1519, and 3571.		
/s/ Ch	nafawn Shaw-dae Sims		
Chafa	awn Shaw-dae Sims	Signature of Debtor	2
Signa	ture of Debtor 1		
Date	November 20, 2019	Date	
Did yo	u attach additional pages to <i>Your Sta</i> t	tement of Financial Affairs for Indi	viduals Filing for Bankruptcy (Official Form 107)?
No			
□ Yes			
Did yo	u pay or agree to pay someone who is	s not an attorney to help you fill ou	t bankruptcy forms?
. .		• • •	• •

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Ohio

In re	Chafawn Shaw-dae Sims		Case No		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	ENSATION OF ATTOR	NEY FOR D	EBTOR(S)	
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 ompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be pa	d to me, for service	
	For legal services, I have agreed to accept		\$	650.00	
	Prior to the filing of this statement I have received		\$	650.00	
	Balance Due			0.00	
2. Т	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. Т	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4. l	I have not agreed to share the above-disclosed com	pensation with any other person u	inless they are me	mbers and associate	es of my law firm.
I	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na				ny law firm. A
5. 1	n return for the above-disclosed fee, I have agreed to	render legal service for all aspects	of the bankruptcy	case, including:	
b c	 Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credi [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicati 522(f)(2)(A) for avoidance of liens on he 	tement of affairs and plan which tors and confirmation hearing, and reduce to market value; exel ons as needed; preparation	may be required; d any adjourned he mption planning	earings thereof;	nd filing of
6. I	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.			ces, relief from s	stay actions or
		CERTIFICATION			
	certify that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement for p	payment to me for	representation of the	ne debtor(s) in
	ovember 20, 2019 ate	Is/ Cynthia S. Dau Cynthia S. Daughe Signature of Attorney Daugherty Law 8686 Winton Road Cincinnati, OH 452 513-484-9486 Fax debtreliefsoon@g Name of law firm	erty 0086414 		

Fill in this in	formation to identify your case:					lirected in this form and	in Form
Debtor 1	Chafawn Shaw-dae Sims		122	2A-1Supp			
Debtor 2 (Spouse, if filing	3)		_ •	■ 1. Ther	e is no pres	umption of abuse	
United State	es Bankruptcy Court for the: Southern District	of Ohio	_ [app	ies will be r	to determine if a presur nade under <i>Chapter 7</i> icial Form 122A-2).	
Case numb	er		_	☐ 3. The	Means Test	does not apply now be service but it could ap	
						ın amended filing	p.)
Official	Form 122A - 1		•	— O 11001		ar amonada ming	
	er 7 Statement of Your Cui	rent Mont	thly Inc	ome			10/1
attach a sepa case number qualifying mil	ete and accurate as possible. If two married people in the sheet to this form. Include the line number to we (if known). If you believe that you are exempted for litary service, complete and file Statement of Exemple Calculate Your Current Monthly Income is your marital and filing status? Check one or	which the additional m a presumption of otion from Presump	l information a	pplies. On se you do	the top of a not have pri	ny additional pages, writ marily consumer debts o	te your name and or because of
	t married. Fill out Column A. lines 2-11.						
_	rried and your spouse is filing with you. Fill o	ıt both Columns A	and B lines	2-11			
	rried and your spouse is NOT filing with you.			2 11.			
	iving in the same household and are not lega			umns A a	nd B. lines	2-11.	
ا	Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading.	out Column A, line egally separated u	es 2-11; do no under nonban	t fill out C	olumn B. By w that appli	checking this box, you	
101(10A). the 6 mont	average monthly income that you received from all For example, if you are filing on September 15, the 6-n ths, add the income for all 6 months and divide the tota wn the same rental property, put the income from that p	onth period would be by 6. Fill in the resul	e March 1 throu lt. Do not includ	igh August le any incoi	31. If the amone amount m	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Column / Debtor 1		Column B Debtor 2 or non-filing spouse	
	gross wages, salary, tips, bonuses, overtime, deductions).	and commission	s (before all	\$	3,052.28	\$	
	ny and maintenance payments. Do not include n B is filled in.	payments from a	spouse if	\$	0.00	\$	
of you from a and ro	nounts from any source which are regularly post or your dependents, including child support no unmarried partner, members of your household ommates. Include regular contributions from a span. Do not include payments you listed on line 3.	Include regular of the control of th	ontributions s, parents,	\$	0.00	\$	
5. Net in	come from operating a business, profession,						
0	va asinto (hafaya all dadustiana)	Debto \$ 0.00	or 1				
	receipts (before all deductions) ry and necessary operating expenses	-\$ 0.00					
	onthly income from a business, profession, or far	2.00	Copy here ->	\$	0.00	\$	
	come from rental and other real property						
		Debto	or 1				
Gross	receipts (before all deductions)	\$ 0.00					
	ary and necessary operating expenses	-\$ 0.00	.	Φ.	0.00	c	
	onthly income from rental or other real property	\$ 0.00_ 0	Copy here ->		0.00	\$	
7. Interes	st, dividends, and royalties			\$	0.00	Ψ	

Official Form 122A-1

Case 1:19-bk-14225 Doc 1 Filed 11/20/19 Entered 11/20/19 16:57:08 Desc Main Page 54 of 66 Document **Chafawn Shaw-dae Sims** Debtor 1 Case number (if known) Column A Column R Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 3,052.28 3.052.28 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 3,052.28 Multiply by 12 (the number of months in a year) **x** 12 36,627.36 12b. The result is your annual income for this part of the form 12h 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. OH 2 Fill in the number of people in your household. 63,514.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Chafawn Shaw-dae Sims

Chafawn Shaw-dae Sims

Signature of Debtor 1

Date **November 20, 2019**

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Debtor 1	Chafawn Shaw-dae Sims	Case number (if known)	
	MM/DD/YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

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Debtor 1 Chafawn Shaw-dae Sims Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 05/01/2019 to 10/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: American Nursing

Income by Month:

6 Months Ago:	05/2019	\$2,736.38
5 Months Ago:	06/2019	\$2,736.38
4 Months Ago:	07/2019	\$3,279.98
3 Months Ago:	08/2019	\$2,703.58
2 Months Ago:	09/2019	\$4,120.98
Last Month:	10/2019	\$2,736.37
	Average per month:	\$3.052.28

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee
 \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. ABC Financial Services POB 6800 North Little Rock, AR 72124

Ace Cash Express 1231 Greenway DRive Suite 700 Irving, TX 75038

AT&T Mobility POB 6416 Carol Stream, IL 60197

Bethesda Hospital POB 630823 Cincinnati, OH 45263

CarMax Auto 225 Chastain Meadows Court Kennesaw, GA 30144

CarMax Auto Finance 2040 Thalbro Street Richmond, VA 23230

CarMax Auto Finance POB 440609 Kennesaw, GA 30160

CashNet USA 200 W. Jackson Blvd. 4th Floor Chicago, IL 60606

CBE Group PO Box 2547 Waterloo, IA 50704

Check into Cash 201 Keith Street Suite 80 Cleveland, TN 37311

Choice Recovery POB 20790 Columbus, OH 43220

Cincinnati Bell POB 1199 Cincinnati, OH 45201

Cincinnati State 3520 CEntral Pkwy Cincinnati, OH 45223 City of Forest Park Income Tax Division 1201 West Kemper Road Cincinnati, OH 45240

Comenity Bank POB 182789 Columbus, OH 43218

Comenity Bank/Victoria Secret Bankruptcy Dept POB 182125 Columbus, OH 43218-2125

Credit First 6275 Eastland Road Brookpark, OH 44142-1399

Credit Management 6080 Tennyson Pkwy Suite 100 Plano, TX 75024

Diverse Funding Associates LLC 352 Sonwil Drive Buffalo, NY 14225

Doctors Urgent Care 5920 Colerain Avenue Cincinnati, OH 45239

Eagle Loan/Sims 1169 Smiley Avenue Cincinnati, OH 45240

Enhanced Recovery Collection 8014 Bayberry Road Jacksonville, FL 32256

Exeter Finance 102 West John Carpenter FWY Irving, TX 75063

Exeter Finance Corporation 222 Las Colinas Blvd Irving, TX 75039

Exeter Finance Corporation POB 204480 Dallas, TX 75320

Exeter Finance Corporation POB 166008 Irving, TX 75016

FBCS Inc 330 S. Warninster Road Suite 353 Hatboro, PA 19040

FIA Card Services 655 Paper Mill Road Wilmington, DE 19884

Fifth Third Bank 38 Fountain Square Plaza Cincinnati, OH 45263

Fifth Third Bank 5050 Kingsley Cincinnati, OH 45263

Fortiva POB 105341 Atlanta, GA 30348

Fortiva 5 Concourse Parkway Atlanta, GA 30328

General Electric Federal Credit Union 10485 Reading Road Cincinnati, OH 45241

Group Health 4600 Wesley Avenue Suite N Cincinnati, OH 45212

Health Care Clinics of Select 3219 Clifton Ave # 315 Cincinnati, OH 45220

Huntington Bank 105 E 4th Street Cincinnati, OH 45202

Jefferson Capital LLC 16 McLeland Road Saint Cloud, MN 56303

Julia Sims 926 Gallatin Cincinnati, OH 45240

Key Bank POB 94917 Cleveland, OH 44101 Levy & Associates LLC 4645 Executive Drive Columbus, OH 43220

Mercy Laboratory Service POB 635963 Cincinnati, OH 45263-5963

Money Key 3422 Old Capitol Trail Suite 1613 Wilmington, DE 19808

MRS 1930 Olney Cherry Hill, NJ 08003

National Credit Adjusters POB 3023 Hutchinson, KS 67504

National Credit Adjusters 327 W 4th Avenue Hutchinson, KS 67501

Nationwide Insurance One Nationwide Plaza Columbus, OH 43215-2220

Planet Fitness 8501 Winton Road Cincinnati, OH 45231

Progressive Leasing 256 W. Data Drive Draper, UT 84020

Qualified Emergency Specialists 1472 Solutions Center Chicago, IL 60677

Receivables Performance 20816 44th Avenue Lynnwood, WA 98036

Savannah Gardens 1910 Savannah Way Cincinnati, OH 45224

Senex Services 3333 Founders Road 2nd Floor Indianapolis, IN 46268 Spectrum POB 1060 Carol Stream, IL 60132

Sprint Nextel Attn: Bankruptcy Dept POB 7949 Overland Park, KS 66207

The General Insurance 2636 Elm Hill Pike Suite 510 Nashville, TN 37214

Time Warner 3290 Westbourne Drive Cincinnati, OH 45248

Transworld Systems 2235 Mercury Way, Suite 275 Santa Rosa, CA 95407

TriHealth Physician Practices LLC POB 636556 Cincinnati, OH 45263

TriHealth SBO POB 630892 Cincinnati, OH 45263

TriHealth/Good Samaritan Hospital POB 630823 Cincinnati, OH 45263

US Bank Bankruptcy Department POB 5229 Cincinnati, OH 45201

US Department of Education PO BOX 5227 Greenville, TX 75403

US Department of Education National Payment Center POBox 105028 Atlanta, GA 30348-5028

US Department of Education/GLELSI POB 7860 Madison, WI 53704

Verizon POB 25505 Lehigh Valley, PA 18002-5505 Wells Fargo Dealer Services POB 997517 Sacramento, CA 95899

Wells Fargo Dealer Services POB 1697 Winterville, NC 28590

Wells Fargo Dealer Services POB 3599 Rancho Cucamonga, CA 91729